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21874 7590 09/02/2004

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Deanna M. Rivernider (Depositor's name)
Deanna M. Rivernider (Signature)
September 29, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/002,039

11/02/2001

Wade Sonnenberg

10/06/2004 NROCHAE 50919 00000008 10002039 4377

TITLE OF INVENTION: PLATING BATH ANALYSIS

01 FC:1501 1330.00 OP
 02 FC:1504 300.00 OP
 03 FC:8001 30.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	12/02/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
OLSEN, KAJ K	1753	205-775000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form: PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. S. Matthew Cairns

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Shipley Company, L.L.C.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Marlborough, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 10

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- ☒ A check in the amount of the fee(s) is enclosed.
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

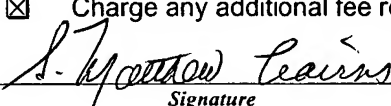
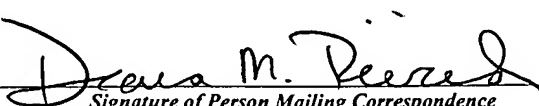
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Authorized Signature S. Matthew CairnsDate 09/29/2004Typed or printed name S. Matthew CairnsRegistration No. 42,378

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity) (37 C.F.R. 1.311)				Docket No. 50919	
Applicant(s): Sonnenberg et al.					
Serial No.	Filing Date	Examiner	Group Art Unit	Confirmation No.	
10/002,039	11/02/2001	Kaj K. Olsen	1753	4377	
Invention: PLATING BATH ANALYSIS					
<p style="text-align: center;">Mail Stop Issue Fee TO THE COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith are the following for the above-identified application.</p> <p><input checked="" type="checkbox"/> Issue Fee Transmittal Form PTOL-85</p> <p><input checked="" type="checkbox"/> Utility Fee: \$ 1330.00 <input type="checkbox"/> Design Fee: <input type="checkbox"/> Plant Fee:</p> <p><input checked="" type="checkbox"/> Publication Fee: \$ 300.00</p> <p><input checked="" type="checkbox"/> A check in the amount of \$1,660.00 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-1105 as described below.</p> <p><input type="checkbox"/> Charge the amount of</p> <p><input checked="" type="checkbox"/> Credit any overpayment.</p> <p><input checked="" type="checkbox"/> Charge any additional fee required.</p> <p> _____ Dated: 09/29/2004</p> <p>S. Matthew Cairns (Reg. No. 42,378) EDWARDS & ANGELL, LLP P.O. Box 55874 Boston, MA 02205 (508) 229-7545</p>					
CC:					
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